



Recommended Influenza Antiviral Medications For Treatment and Chemoprophylaxis In Long-Term Care Facilities

Treatment

- Early antiviral treatment can shorten the duration of illness, prevent hospitalizations, and may reduce the risk of complications from influenza (i.e. pneumonia, respiratory failure, death)
- Antiviral treatment should be started as soon as possible after illness onset, ideally within 48 hours of symptom onset
- **Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza**

Chemoprophylaxis

- Approximately 70-90% effective in preventing influenza and is a useful tool in combination with influenza vaccination
- Recommended for all exposed, non-ill (including those who received influenza vaccine) residents, and unvaccinated health care personnel when confirmed case of influenza occurs in the facility
 - May be recommended by Public Health even in the absence of confirmatory testing if more than 1 resident is presenting with acute febrile respiratory illness during a 1 week time span during influenza season. Contact the Alaska Section of Epidemiology for recommendations: (907)269-8000
- Vaccinated staff can be administered prophylaxis within 2 weeks of influenza vaccination

Antiviral treatment and prophylaxis during influenza outbreaks

When cases of influenza have been confirmed in a facility, antiviral prophylaxis should be offered to:

- All residents regardless of vaccination status.
- All unvaccinated employees.
- Those employees vaccinated less than two weeks before the cases were identified.

CDC influenza antiviral recommendations are available on the [CDC clinician summary webpage](#).

Source:

<http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient_Care/PDF_Library/Influenza.pdf